

ICD-O-3.2 Histologies for CEs and 2020 CoC Cancer Program Standards for CTR Prep Release: February 9, 2021

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ICD-O-3.2 Histologies for Diagnosis Year 2021

In January 2020 (13 months ago), we released a challenging set of material on the ICD-O-3.2 Updates. With diagnosis year 2021, it is even more challenging. According to the 2021 ICD-O Guidelines, there are significant changes summarized below in Table 1.

Table 1: Summary of Diagnosis Year 2021 Changes in ICD-O-3.2

Volume	Change
16	Previously non-reportable neoplasms become reportable
9	Reportable pre-2021 neoplasms become non-reportable
10	Histology terms have been moved to other ICD-O terms
13	Histologies have a change in reportable terminology
12	New terms/ICD-O codes

For an example of this year's learning change, certain "adenoma" histologies (e.g., Islet cell adenoma, ACTH-producing tumor, etc.) now reportable for diagnosis year 2021 whereas dermatofibrosarcoma, NOS has become non-reportable. It will take some practice and reinforcement to unlearn old rules and adopt the new rules.

The SEER*Educate training platform now has 100 practice cases (10 groups of 10 scenarios each). These are challenging scenarios selected to help people learn about the changes in the coding rules and how to use the ICD-O-3.2, which currently is available only as a pdf from the [NAACCR ICD-O-3 Coding Updates](#) website.

Where do I find them? Under Training

SEER*Educate About Training Reports

Overview Videos

- Introduction
- Training
- Reports

How

- Casefinding - Path
- Casefinding - Scans
- Coding - CEs (formerly Practical Application)
- CTR Prep
- General Knowledge
- Incomplete (7)
- Retired Coding (Closed for new CEs)
- Retired Multiple Choice
- SEER Educational Workshop (CEs)

Are there CEs? Yes

This series has been awarded CEs by NCRA as shown in Table 2. You must score 70% or more on every test in a series to earn the CE for that series. You may retake as many times as necessary to earn the CE.

Table 2: NCRA Program Numbers for Dx Year 2021 Histology Exercises

Program Title	Program #	CE Hours Awarded	Category A Hours
SEER*Educate --Dx Year 2021 Histology Group 01	2021-013	1.5	1.5
SEER*Educate --Dx Year 2021 Histology Group 02	2021-014	1.5	1.5
SEER*Educate --Dx Year 2021 Histology Group 03	2021-015	1.5	1.5
SEER*Educate --Dx Year 2021 Histology Group 04	2021-016	1.5	1.5
SEER*Educate --Dx Year 2021 Histology Group 05	2021-017	1.5	1.5
SEER*Educate --Dx Year 2021 Histology Group 06	2021-018	1.5	1.5
SEER*Educate --Dx Year 2021 Histology Group 07	2021-019	1.5	1.5
SEER*Educate --Dx Year 2021 Histology Group 08	2021-020	1.5	1.5
SEER*Educate --Dx Year 2021 Histology Group 09	2021-021	1.5	1.5
SEER*Educate --Dx Year 2021 Histology Group 10	2021-022	1.5	1.5

The goal of this series is to learn how to use the ICD-O-3.2, the Solid Tumor Rules, the Hematopoietic and Lymphoid Neoplasm database, and the SEER Inquiry System (SINQ) in assigning histology codes. While immediately repeating an exercise will improve your training score, it will not accurately assess your ability to code histology in the future or whether you can accurately recall and apply the coding rule(s) described in the rationale.

An example of the detail provided in the rationales is shown on the next page. Reading the rationales and learning the concepts repeated throughout these exercises is the transferable skill students and registrars need to acquire to coding histology and behavior accurately and with consistent application of the coding guidelines.

Example Rationale for Assigning Histology

Rationale:

The lobectomy proved adenocarcinoma of the right upper lobe of lung. The final diagnosis was only, "Adenocarcinoma," but the tumor was further classified as multiple histologic types of adenocarcinoma. There is a single tumor, but multiple histologies to consider.

The final diagnosis was only adenocarcinoma (NOS), but the cancer staging summary (CAP synoptic report) further stated this adenocarcinoma was, "Histologic type: Mixed adenocarcinoma, 80% acinar, 15% papillary, 5% lepidic." The Equivalent or Equal Terms (Lung Equivalent Terms and Definitions) confirms the terms, type, subtype and variant are equivalent. Therefore, the term "type" is a term that may be used to code histology for Lung primaries. The General Instructions for the Solid Tumor Rules, Priority Order for Using Documentation to Code Histology, instructs one to code the more specific histology when the final diagnosis and synoptic report (the cancer staging summary in this case) differ. In other words, use the synoptic report if it provides the more specific histology. In this case, the final diagnosis provided only an NOS histology, while the synoptic report provided specific histologies. Therefore, the synoptic report is used.

There was a single tumor but multiple histologies to consider while using the Solid Tumor Rules. The adenocarcinoma was predominantly acinar, but also papillary and lepidic; acinar, papillary and lepidic are all specific adenocarcinoma subtypes/variants.

Per Rule H7, code the histology that comprises the greatest percentage of tumor when two or more of the following histologies are present. Rule H7 includes the three histologic subtypes/variants of adenocarcinoma identified in this case: acinar, lepidic and papillary. The acinar adenocarcinoma was the histology that comprised the greatest percentage of the tumor (80%).

Both Rule H7 and Table 3 (Specific Histologies, NOS, and Subtype/Variants) in the Lung Equivalent Terms and Definitions confirm that acinar adenocarcinoma, or adenocarcinoma, acinar predominant, is coded as 8551.

Code the histology as 8551 (Acinar adenocarcinoma; Adenocarcinoma, acinar predominant (for lung only)) per Rule H7.

Note: Neither Rules H8 nor H9 apply to this case. Therefore, histology code 8255 (adenocarcinoma with mixed subtypes) also does not apply. Rule H7 confirms a mixed adenocarcinoma histology (8255) is not coded when the predominant adenocarcinoma subtype is described. Although the primary tumor in this case is technically a mixed adenocarcinoma tumor ("Mixed adenocarcinoma" that is comprised of acinar, papillary and lepidic subtypes), per the Solid Tumor Rules, it is more important to capture the specific adenocarcinoma subtype that makes up the majority of the tumor for these types of adenocarcinoma tumors.

Is there a report? Under Reports -> View Excel Reports

There are reports that show your CE results.

The screenshot shows the SEER*Educate website interface. At the top, there are navigation buttons for 'About', 'Training', and 'Reports'. The 'Reports' button is highlighted with a blue underline. Below the navigation bar, a breadcrumb trail reads 'Home / Training / Coding - CEs (formerly Practical)'. A dropdown menu is open under 'Reports', showing two options: 'View Test Results' and 'View Excel Reports'. A red arrow points to 'View Excel Reports'. Below the dropdown, a blue bar contains the text '- CE Reports - Current Years'. Underneath this bar, there are three expandable menu items, each with a plus sign icon and a red arrow pointing to it: '+ CE Certificate Listing - Completed Series', '+ CE Certificate Listing - Partial Series', and '+ Dx Year 2021 Histology'.

CoC Optimal Resources for Cancer Care - 2020 Standards

The CoC Cancer Program Standards are **dynamic**. SEER*Educate released a series on the 2020 CoC Cancer Program Standards Manual this week. The CoC changes made to the 2020 Cancer Program Standards on 2/9/2021 are reflected in this series of 64 quizzes with 5 questions in each quiz.

The SEER*Educate quizzes reflect the information as presented in the version of CoC manual that has been available for study from September 2020 through January 2021 while also providing some notes in the rationale that describe the 2021 changes reflected in the 2/9/21 release. The most notable change involves the fact that the National Cancer Database (NCDB) annual Call for Data and the Rapid Quality Reporting System (RQRS) are both being folded into the new Rapid Cancer Reporting System (RCRS) in 2021.

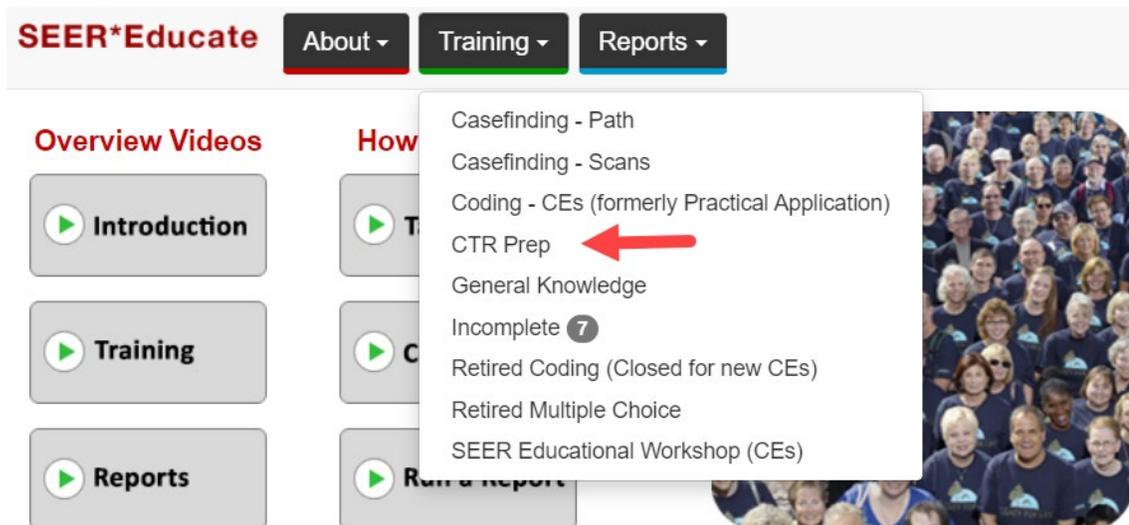
The purpose of these multiple choice test questions is to help you assess what you have retained from reading the 2020 Standards and from reviewing various other materials referenced in the CoC manual that support one's understanding of the standards and of cancer programs.

The SEER*Educate team does not have access to the CTR exam. This material is provided as an additional study aid to help students prepare for the exam and more importantly to gain some understanding of the CoC Cancer Program.

These questions are being provided to offer the student community a wide breadth of material. There are questions covering every chapter of the Standards Manual. Concepts are repeated in different questions. We suggest not immediately repeating tests but reading through the rationales after each test and moving to the next test.

Regarding the questions, the most important feature is the rationale. Scoring 100% is less important than reading and understanding the rationale.

Where do I find them? Under Training



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Are there CEs? No

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